of blood in various parts of the State through State Blood Transfusion Council website to monitor the availability of blood in various blood banks in the State.

Kidney problem in Goa

675. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that residents of Canacona Taluka, specially those living along the coastal and hilly areas in Goa suffer from mysterious kidney problems which has remained un-diagnosed for the last several years;

(b) whether the State of Goa has ever requested the Central Government to help them in diagnosing the problem;

(c) whether any Central agency has visited the Taluka for the purpose; and

(d) the details of the report, Government have obtained, if any, from the said agency?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to Indian Council of Medical Research, New Delhi the high prevalence of Kidney diseases in Canacona Taluka of Goa has been a matter of concern for the local people for the last several years. The Epidemiological Cell, Directorate of Health Services, Government of Goa approached the Council's National Institute of Occupational Health, Meghaninagar, Ahmedabad. The NIOH team visited Goa and carried out Environmental cum Biological monitoring in February, 2005. It observed that clinically the disease seems to be similar to Balkan Endemic Nephropathy (BEN) which is an environmentally acquired disease, possibly caused by mycotoxin produced by fungi in mouldy cereals and food commodities; and aromatic compounds present in the drinking water. Further conclusion can only be drawn by correlating the clinical picture biotechnical investigation of blood and urine and other pathological investigations and its correlation with environmental factors.

Vaccine for cholera

676. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Scientists in the University of Tokyo have developed a vaccine from rice to cure cholera disease;

(b) if so, the details thereof;.

(c) whether the requisite quality of rice is available in India;

(d) if so, whether Government will take clue from the scientists from Tokyo to indigenously develop the vaccine; and

(e) the anticipated cost of new vaccine as compared to traditional one?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) According to Indian

Council of Medical Research (ICMR) a team of Japanese Researcher Hiroshi Kiyono at Tokyo University found a way of genetically engineering a strain of rice. It contains a vaccine against cholera capable of inducing antigen specific immune responses in both systemic and mucosa compartments without the use of syringe and needle. The work is preliminary having been tested only in mice. As per researches more basic studies are needed to test the vaccine in a primate.

(c) The rice-based cholera vaccine was created by inserting the genetic material . from the cholera bacterium into the sequenced genome of the rice plant. The researchers used two types of rice plants to generate the vaccine: Kitaake, which produces normal rice, and Hosetsu, which produces warf-type rice. The rice plant Oryza sativa is a common species in India also. The rice plants would also have to be grown under carefully controlled conditions to ensure appropriate vaccine production.

(d) It will depend on successful clinical trials of the Vaccine.

(e) It is anticipated that the initial costs of genetically engineering rice to produce a cholera vaccine will be nominally high but on a per dose basis the cost would be very very low. The vaccine will not require refrigeration, nor a needle.

Supply of blood through blood banks

677. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that supply of blood through blood banks of Delhi hospitals are controlled by middlemen and brokers as per media reports;

(b) if so, the details thereof and the reaction of Government thereto;

(c) the steps proposed to be taken to ensure proper supply of blood to needy patients without falling prey to brokers and middlemen; and

(d) the action taken against hospital staff engaged in the malpractices?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir. The Blood in Delhi hospitals is supplied through authorised personnel in Blood Banks only and the proper documentation of the same is maintained as per provisions laid down in the Act.

(c) and (d) In order to ensure proper supply of blood in blood banks, Government of India is taking following steps:

(i) Augmentation of Voluntary Blood Donation through about 45000 voluntary blood donation camps annually.

(ii) Professional Blood Donation is banned in the country since 1st January 1998.

(iii) Support to 1230 Blood banks in the country to maintain quality standards in Blood bank practices.